

11-10-39
5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3536

Registration District No. 604

Primary Registration District No. 4358

Registrar's No.

1. PLACE OF DEATH:

(a) County NEW MADRID
(b) City or town NEW MADRID
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No
(Specify whether years, months or days)
In this community ABOUT 11 YEARS

3. (a) PRINT FULL NAME FRANKLIN H. FIELDS
(b) If veteran, name war No
(c) Social Security No. No

4. Sex M
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
(b) Name of husband or wife No
(c) Age of husband or wife if alive 28 years
7. Birth date of deceased 5-06-1921
(Month) (Day) (Year)

8. AGE: Years 19 Months 10 Days 10
If less than one day hr. min.

9. Birthplace NEW MADRID, MO
(City, town, or county) (State or foreign country)

10. Usual occupation DAY WORK

11. Industry or business No

12. Name HENRY FIELDS
13. Birthplace HARRISBURG, ILL.
(City, town, or county) (State or foreign country)
14. Maiden name EDITH CROW
15. Birthplace BURNSIDES, ILL.
(City, town, or county) (State or foreign country)

16. (a) Informant EDITH FIELDS
(b) Address NEW MADRID, MO

17. (a) BURIAL
(Burial, cremation, or removal) (b) Date thereof JAN 12-1941
(Month) (Day) (Year)
(c) Place: burial or cremation MOUNTS

18. (a) Signature of funeral director Richards and Co.
(b) Address New Madrid Mo.

19. (a) 1-31-1941
(Date received local registrar) (b) Wm O'Bannon
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town New Madrid
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 8
year 1941 hour 9:40 minute PM
21. I hereby certify that I attended the deceased from 1-8-41
to 1-8-41
that I last saw him alive on 1-8-41
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to

Due to

Other conditions Bacterial pneumonia
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence

(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

533
(Specify type of place)
While at work? (e) Means of injury

23. Signature W O Bannon (M. D. or other) 0
Address New Madrid Mo Date signed 1-10-41

120.
RECEIVED

District Health Officer No. 2

District File Number 248-184

Date Filed 2/10/41

RECEIVED
FEB 10 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Leo Hedgcock....., Registered Apprentice No.....
working under my personal supervision.

Signed *Leo Hedgcock*

Licensed Embalmer No. 3803

P. O. Address *New Madrid, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

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STANDARD CERTIFICATE OF DEATH

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 604

Primary Registration District No. 4358

Registrar's No.

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town New Madrid
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Franklin H. Fields
3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 8
6. (b) Name of husband or wife. 6. (c) Age of husband, or wife, if alive. year
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
19 10 10 hr. min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. years.

20. DATE OF DEATH Month Jan day 8
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from
that I last saw him alive on
and that death occurred on the date and hour stated above.

Immediate cause of death pneumonia Duration
bronchial 6 days

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)
Bright's Disease
Chlorus - Cerebral

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)
While at work? (e) Means of injury

23. Signature D. P. Edmondson (M. D. or other)

Address New Madrid Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

PHYSICIAN

Underline the cause to which death should be charged statistically.

